

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAGN FINANCE STATEMENT**

**File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.**

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	2	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST											
Friends of Sean Kilkenny											
STREET ADDRESS		715 Washington Lane									
CITY		Trenton									
STATE		PA									
ZIP CODE		19546									
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		Sheriff			46		D		MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY									11	7	2015
30 DAY POST-PRI-MARY											
6TH TUESDAY PRE-ELECTION											
2ND FRIDAY PRE-ELECTION											
30 DAY POST-ELECTION											
ANNUAL REPORT											
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		11	24	15	TO		12	31	15		
CASH BALANCE AT END OF REPORTING PERIOD:					\$ <u>0</u>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:					\$ <u>0</u>						
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>						
TERMINATION REPORT?		YES		NO							

PART I.

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
If statement is filed on behalf of a Candidate, the Candidate must sign here.  
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, NO. 320) AS AMENDED.			CANDIDATE MUST SIGN HERE.		
SWORN TO AND SUBSCRIBED BEFORE ME THIS					
____	DAY OF	20	SIGNATURE OF CANDIDATE		
____			PRINTED NAME		
____			SIGNATURE		
MY COMMISSION EXPIRES _____			MO.	DAY	YR.
			AREA CODE		
			DAYTIME TELEPHONE NUMBER		